

BAYOU HEALTH Shared Denied Claim Report
 Plan Name and Provider ID
 For period Paid claims DECEMBER 2012

LA DHH DENIAL SUMMARY
 ADJUDICATION DATE:DECEMBER 2012

(This summary represents those denial codes mapped to the State of Louisiana's designated 5 Denial Codes.)

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	485
01	282	SUBMIT ITEMIZED HOSPITAL BILL AND UB04	317
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	184
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	1658
02	026	REQUIRES NOTIFICATION	49
02	087	REQUIRES NOTIFICATION	274
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	4482
02	502	REQUIRES NOTIFICATION	57
05	068	NOT COVERED SERVICE	32
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1022
05	902	SVCS RECEIVED FROM INELIGIBLE PROVIDER	30
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1581
06	041	CLAIM BEFORE MEMB EFF DATE	645
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3061
06	052	BEFORE MEMBER EFF. DATE	13036
06	092	INCORRECT MODIFIER	77
06	2024	AMBULANCE DENIAL	877
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	19
06	333	DIAG OR CPT CODE MISSING OR INVALID	199
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	43
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	321
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	47
06	991	NPI MISSING OR INVALID	1087

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